

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☐ IXC x CLEC ☐ ILEC ☐ Wireless

2011-29A

CERTIFICATED COMPANY INFORMATION

NextG Networks of NY, Inc.

Company Name

FEIN/SSN

d/b/a NextG Networks East

408-468-5400

Db/a/fka

Telephone #

890 Tasman Drive

Mailing Address

Milpitas, CA 95035

City, State, Zip Code

890 Tasman Drive

Business Location

Milpitas, CA 95035

Santa Clara County

City, State, Zip Code

County

REGISTERED AGENT INFORMATION

Registered Agent: CT Corporation System

Mailing Address: 2 Office Park Court, Suite 103

City, State, Zip Code: Columbia, SC, 29223

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

A.

General Manager (Include address if different than above.)

Telephone Number

Facsimile Number

E-mail Address

B.

Robert A. Millar, Senior Regulatory Counsel

Customer Relations /Complaints Representative (Include address if different than above.)

Telephone Number

Facsimile Number

E-mail Address

C1.

Robert A. Millar, Senior Regulatory Counsel

Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.)

Telephone Number

Facsimile Number

E-mail Address

C2.

877-746-3984

Customer Contact (Toll Free Number)

D.

Delfin Guerzon

Engineering Operations (Include address if different than above.)

866-639-8460

408-434-6285

noc@nextgnetworks.net

Telephone Number

Facsimile Number

E-mail Address

E.

Delfin Guerzon

Test and Repair (Include address if different than above.)

866-639-8460

408-434-6285

noc@nextgnetworks.net

Telephone Number

Facsimile Number

E-mail Address

F. Networks Operations Center _____
Emergencies (During non-office hours)
866-639-8460 / 408-434-6285 / noc@nextgenetworks.net
Telephone Number Facsimile Number E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G. Robert A. Millar, Senior Regulatory Counsel _____
Regulatory Officer (Include address if different than above.)

Telephone Number Facsimile Number E-mail Address

H. n/a
Dual Party Mailings (Name)

Mailing Address

Telephone Number Facsimile Number E-mail Address

I. n/a
Interim LEC Fund Mailings (Name)

Mailing Address

Telephone Number Facsimile Number E-mail Address

J. n/a
Universal Service Fund Mailings (Name)

Mailing Address

Telephone Number Facsimile Number E-mail Address

K. Robert A. Millar, Senior Regulatory Counsel _____
Gross Receipts Mailings (Name)

Mailing Address

Telephone Number Facsimile Number E-mail Address

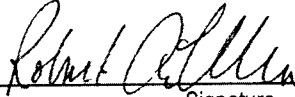
L. n/a
Lifeline Mailings (Name)

Mailing Address

Telephone Number Facsimile Number E-mail Address

Robert A. Millar _____
This form was completed by (print name)

Senior Regulatory Counsel
Title


Signature

3/28/2011
Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Clerk's Office
Post Office Drawer 11649
Columbia, South Carolina 29211

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201

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